

Trinity County Child Welfare Services System Improvement Plan

October 1, 2004 – September 30, 2005

The Trinity County Departments of Health & Human Services, Probation, Human Response Network, Behavioral Health Services and County Schools, completed an in-depth Self Assessment of current practice in Trinity County. The emphasis was to assist the development of objectives for a Trinity County System Improvement Plan (SIP) that will lead to compliance with State and Federal goals for the safety, permanence, and well-being of abused and neglected children. The Self-Assessment was the County's opportunity to explore how local resources and other systemic factors affect measured outcomes. County staff, as part of a Mid-Level Management Team, critically assessed how we currently work with children and families in the Child Welfare and Juvenile Probation Agencies. Careful attention was given to Child Welfare Redesign goals that call for a greater community involvement in the prevention and intervention of child maltreatment through a strengths based approach.

A strength identified in Trinity County is the Mid-Level Management Team (MLMT), which currently meets to consult and coordinate regularly on a case-by-case basis to look at critical decisions made to address the needs of the families and the children in the child welfare system. The Mid-Level Management Team partners utilize this committee to identify shared expectations, responsibilities, and risks.

For the Self-Assessment and SIP process, Trinity County Health & Human Services, Probation, and the other Mid-Level Management Team members met twice per month. The goal of this team was to address safety, well-being and permanency issues and to determine the direction the Mid-Level Management Team would take as a part of the California Redesign plan based on the Self Assessment for Trinity County. From that series of meetings, and with the blessing of the Trinity County Administrative team, the Redesign Planning and Implementation Team was developed.

The Redesign Team meets twice per month with an emphasis on change from a Systems Of Care perspective to a System Improvement Plan that involves community partners in an endeavor to provide safety, well-being, and permanence for all Trinity County families. It was determined that Health and Human Services, Child Welfare Services would chair the team and be responsible for gathering information and writing the Self-Assessment and the System Improvement Plan. Child Welfare Services sought input from, and reported to, the Redesign Team. Throughout all Team meetings, special attention has been given to a strength-based approach as the underlying philosophy to guide the Self Assessment and design of the System Improvement Plan. The Self Assessment addressed the five elements of the Self Assessment Plan (SAP): 1) Demographic Profile and Outcomes Data, 2) Public Agency Characteristics, 3) Systemic Factors, 4) County-wide Primary Prevention Strategies, and 5) Summary Assessment. The System Improvement Plan Team convened in August to prioritize needs and gaps identified in the Self-Assessment to begin to formulate Trinity County's System Improvement Plan.

The System Improvement Team specifically addressed the safety outcomes that were identified as areas needing improvement in the Self Assessment: 1) Recurrence of Maltreatment (1A and 1B), 2) Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A), 3) Child Abuse/Neglect Referrals with a Timely Response (2B 10-Day), and 4) Foster Care Placement in Least Restrictive Settings (4B).

The County Department of Health and Human Services, Child Welfare Services received support from Probation, Behavioral Health Services, Public Health, Alcohol and Other Drug Services, Trinity County Office of Education, and Human Response Network (CBO) in completing the Trinity County Self Assessment and the System Improvement Plan.

1) Self Assessment Participants

A. Trinity County Health & Human Services

Barbara Webb, Child Welfare Services
Katie Poburko, Child Welfare Services
Gail De Mello, Child Welfare Services
Mario Angelone, Child Welfare Services
Bobbie Riske, Child Welfare Services
Janie Rothwell, Child Welfare Services
Donna Loving, Child Welfare Services
Elise Osvold-Doppelhauer, Public Health
Caligney Hoffman, Analyst
Jeanette Aglipay, Analyst

B. Trinity County Probation Department

Laura Taylor

C. Trinity County Office of Education

Olivia Mandilk

D. Trinity County Behavioral Health Services

Nancy Antoon
Tom Antoon, Alcohol & Other Drug Services
Bill Goodyear, Administrative Coordinator

E. Human Response Network (CBO)

Margie Lee

2) System Improvement Plan Participants

A. Trinity County Health & Human Services

Barbara Webb, Child Welfare Services

Katie Poburko, Child Welfare Services
Donna Loving, Child Welfare Services
Donna Pate-Judson, Cal Works
Elise Osvold-Doppelhauer, Public Health
Caligney Hoffman, Analyst
Jeanette Aglipay, Analyst

B. Trinity County Probation Department

Laura Taylor

C. Trinity County Office of Education

Karen Boltz

D. Trinity County Behavioral Health Services

Nancy Antoon

Tom Antoon, Alcohol & Other Drug Services

Bill Goodyear

E. Human Response Network (CBO)

Margie Lee

Several Mid-Level Management Team meetings were held throughout the Self Assessment process to collect qualitative data to analyze practices associated with customer service, family assessment, service delivery, and case planning. Discussions were held that explored current Child Welfare Services (CWS) practices and elicited perceptions of the effectiveness of those services from the team. Major concerns identified were the lack of early intervention prevention services for families and the lack of a standardized assessment tool used by all partners. Currently in Trinity County there are not as many services as we would like that are targeted to families with key risk factors for child maltreatment. Mid-Level Management Team partners brainstormed areas needing improvements. Areas identified where enhancements could lead to improved safety and well-being of children and families included but were not limited to:

- Confidentiality barriers to partnerships
- Parent and family interventions that assess and engage the family from a strengths based perspective
- Early intervention to help families keep children safe at home
- Transportation in rural areas of the County
- Flexible funding
- A resource guide mechanism for linking children and families with services
- A process for constantly updating the website (tfsn.org) to inform all staff about the resources available
- Child and family interventions that engage youth
- Partnerships in the community, such as neighborhoods, faith-based and teen organizations

Trinity County Child Welfare Services is open to a peer quality case review process and collaboration. This could be particularly helpful in areas where the County is looking at ways to strengthen existing programs. Having staff from other counties, with successful programs, to come in and assess our County's programs could provide inspiration for change. Some areas identified that may fit this approach include:

- Resource Families – to address recruitment and training issues for resource homes.
- Family to Family – to address case planning and involvement of extended family in a support to the family and children in the system.
- Fiscal Alternatives – to address the leveraging of funds and full utilization of available allocations within legal constraints.

Child Welfare Services has chosen to utilize the Search Institute's 40 Developmental Asset approach as a tool for implementing a strengths-based approach to its redesigned Child Welfare Services system. Based on the Self Assessment the following areas were targeted for the first year of the Trinity County SIP:

- Decreasing the Recurrence of Maltreatment (1A and 1B) and decreasing the rate of recurrence of abuse and/or neglect in homes where children were not removed (2A) through development and implementation of a joint CWS/Community Partner Differential Response protocol.
- Decreasing the Rate of Foster Care Re-Entry (3F and 3G), and improving Systemic Factor B: Case Review – Parent and Youth Participation in Case Planning with CWS Social Worker.
- Increasing the percentage of Child Abuse/Neglect Referrals with a Timely 10-Day Response (2B) through development and implementation of standard agency guidelines/expectations and piloting of geographical referral assignment.

➤ Foster Care Placement in Least Restrictive Setting (4B)

Outcome/Systemic Factor:

Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure.

Rate of Recurrence of abuse and/or neglect in homes where children were not removed (2A). This measure reflects the occurrence of abuse and/or neglect of children who remain in their homes

County's Current Performance:

Rate of reoccurrence of neglect/abuse may be exaggerated by misinterpretation of allegation and allegation conclusion of staff. As a result of non-uniform interpretation among the staff, input into the CWS/SMS system lacks consistency and uniformity, which impacts data. Families generally cease services shortly after CWS involvement ends due to funding, transportation, geographic barriers, and a lack of motivation.

The CWS lead emergency response worker makes initial contact with all families, but where the family does not come under the 300 Code guidelines for imminent danger, the children are not removed and services are offered. Families have the opportunity to accept or reject services, as they deem appropriate for their family.

Federal: Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months?

1A. Percent recurrence of maltreatment (Fed)

12 month study period	
01/01/03 –12/31/03 (Revised) (calendar year)	20.9%
10/01/02-09/30/03 (federal fiscal year)	18.3%
07/01/02-06/30/03 (state fiscal year)	20.0%

State: Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

1B. Percent recurrence of maltreatment within 12 months

12 month study period	

01/01/02-12/31/02	(calendar year)	28.7%
10/01/01-09/30/02	(federal fiscal year)	34.1%
07/01/01-06/30/02	(state fiscal year)	35.0%

State: Of all children with a first substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

1B. Percent recurrence of maltreatment within 12 months after first substantiated allegation

12-month study period		
01/01/02-12/31/02	(calendar year)	27.6%
10/01/01-09/30/02	(federal fiscal year)	29.9%
07/01/01-06/30/02	(state fiscal year)	32.2%

State: Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

2A. Percent rate of recurrence of abuse/neglect in homes where children were not removed

12-month study period		
01/01/02-12/31/02	(calendar year)	19.3%
10/01/01-09/30/02	(federal fiscal year)	23.2%
07/01/01-06/30/02	(state fiscal year)	23.3%

Improvement Goal 1.0 All referrals will be directed through the Differential Response Paths so that every family referred will have an opportunity to benefit from Trinity County services.

Strategy 1.1 Engage families of new referrals that would otherwise be screened out and receive no follow-up response or referral to services.		Strategy rationale Early intervention with referred families will result in reduction of abuse/neglect in the future because minor problems will be addressed before they become major problems.			
Milestone	1.1.1 Protocol determined to consider when assigning referrals for a Differential Response Track.	Timeframe	10/14/04	Assigned to	CWS Supervisor Social Workers Mid-Level Management Team
	1.1.2 Address designation of Differential Response Track I team members for discussion.		10/28/04		Mid-Level Management Team
	1.1.3 Differential Response team members identified and trained in utilization of SDM and W&I 300 code and Track I implemented.		10/28/04 and ongoing		CWS Supervisor Social Workers Differential Response Team Member Mid-Level Management Team
	1.1.4 Differential Response Track I evaluated.		6 – 12 months (3/31/05 – 9/30/05)		CWS Supervisor Social Workers Diff Response Team Member Mid-Level Management Team

Improvement Goal 2.0 Reduce the recurrence of abuse/neglect as measured by the number of subsequent substantiated/inconclusive re-referrals occurring within 12 months.

Strategy 2.1 All CWS Staff have a clear understanding of uniform definition and proper interpretation of abuse allegation and abuse conclusions resulting in correct data input.	Strategy Rationale By utilizing uniform definitions and a systematic method of interpretation, input into the CWS/CMS system will be more consistent, which will produce more accurate data.
---	---

Milestone	2.1.1 All CWS staff trained on guidelines and standard CWS expectations with regards to abuse allegation and abuse conclusions.	Timeframe	11/30/04	Assigned to	CWS Supervisor Social Workers
	2.1.2 Training provided to telephone screeners and/or other workers assigned to review referrals and screen in referrals for a Differential Response Path.		4 months (1/31/05)		CWS Supervisor
	2.1.3 Existing mechanisms for communicating with identified families researched and studied.		6 months (3/31/05)		CWS Supervisor
	2.1.4 Mechanism for communicating with identified families' chosen and developed. Ongoing effectiveness of the mechanism evaluated.		7 – 12 months (4/30/05 – 9/30/05)		CWS Supervisor

Strategy 2. 2 Differential Response families requesting services will be assessed and referred to relevant community partners for resources and services.			Strategy Rationale Assessment will insure more appropriate referrals for families where the children remain in their homes. Services will be more easily available to these families with direct assistance from community partners working to keep the family together.		
Milestone	2.2.1 Child Welfare Services to provide assessment. Services are identified, coordinated and evaluated to community partners.	Timeframe	3 months (12/31/04)	Assigned to	CWS Supervisor Lead Worker
	2.2.2 Assessment tool selected and referral procedure developed that is to be used by CWS and community partners.		6 months (3/31/05)		CWS Supervisor Lead Worker
	2.2.3 Communication mechanism between clients, Child Welfare Services and community partners is developed in order to provide seamless services and to track effectiveness of services.		6 – 12 months (3/31/05 – 9/30/05)		Mid-Level Management Team

Strategy 2.3 Investigate and develop funding sources.		Strategy Rationale Funding and incentives are needed for community partners to provide resources and services to the clients.			
Milestone	2.3.1 Funding Team of Health and Human Services, CWS Supervisor and fiscal specialists created (including Human Response Network, Office of Education, Behavioral Health Services, Alcohol and Drug Services and Probation)	Timeframe	1 – 2 months (10/31/04 – 11/30/04)	Assigned to	Director, Health and Human Services Fiscal Managers CWS Supervisor
	2.3.2 Research conducted on how other counties and states fund services/resources.		3 – 6 months (12/31/04 – 3/31/05)		Community Partner Fiscal Managers CWS Supervisor
	2.3.3 Plans developed and implemented for obtaining funds for agency and community based organizations.		7 – 12 months (4/30/05 – 9/30/05)		Community Partners Fiscal Managers CWS Supervisor
Discuss changes in identified systemic factors needed to further support the improvement goals. Development of agreements between agencies and community partners that provide guidelines for implementation, working relationships, and confidentiality. Development of a referral form, release and exchange of information form, and reporting tool for all Differential Response referrals. Funding for caseload levels to permit the assignment of referrals to the three tracks. Awareness of cultural issues and cultural diversity must be taken into consideration and, if appropriate, incorporated into every decision making process.					

<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Training in fairness and equity as well as in the use of the assessment tool and agency expectations will increase consistency in how referrals are assigned to the tracks.</p> <p>Cross training of County and community staff on procedures and guidelines for handling differential responses and confidentiality expectations. Training in working with community partners for Social Workers. Training for community partners.</p>

Identify roles of the other partners in achieving the improvement goals.

Community partners will share the responsibility for follow-up and provision of services for families that would otherwise be screened out as not meeting the legal requirements for an investigation and/or services as a result of abuse and neglect. Training of other partner staff on mandated reporting, risk factors, identifying abuse and neglect will help Children's Protective Services staff feel comfortable having referrals responded to by non-Children's Protective Services staff. Development of Children's Protective Services intervention specific resource guide for intake referrals. Expansion of available resource guide for families. Together the community based providers and the agency need to work through communication and confidentiality concerns.

Expanded community responsibility and collaboration in the increased delivery of intervention and prevention services will allow for CWS to concentrate more efficiently on tracks that require CWS involvement.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

A Child Welfare Services/Case Management System (CWS/CMS) tracking system for Differential Response with appropriate funding for the amount of work involved. Enhanced and flexible funding to support the early intervention activities to be referred. Regulatory/law changes to support the implementation of Differential Response and the sharing of information, training, and resources.

Outcome/Systemic Factor:

Rate of Foster Care Re-Entry (3F and 3G)

Systemic Factor B: Case Review – Parent and Youth Participation in Case Planning.

County's Current Performance:

When children are removed from their homes and parents are involved in the reunification process they are generally motivated to participate in services and initially change their lifestyle to facilitate reunification with their children. After reunification, dependency might be ended and the motivation for change, funding for some services and opportunities are greatly diminished for families. The issues that initially led to the removal of the children begin to resurface and the abuse cycle once more brings the family to the attention of Child Welfare Services.

Federal: For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

3F. Percent of admissions who are re-entries (Fed)

12-month study period

01/01/03-12/31/03	37.5%
7/01/02-06/30/03	34.1%

State: For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12 month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

3G. Percent who re-entered within 12 months of reunification (entry cohort reunified within 12 months)

12-month study period

01/01/01-12/31/01	55.6%
10/01/00-09/30/01	50.0%
07/01/00-06/30/01	56.0%

Improvement Goal 1.0 Increase family and community involvement with families involved with our children at risk of becoming removed from their homes with the child welfare or juvenile probation systems by the tailoring of services to a family's individual needs and strengths.

Strategy 1. 1 Develop and communicate a culturally and ethnically appropriate agency wide policy regarding family involvement in the case planning process and the use of strength-based Family/Team meetings to increase parent/youth participation in case planning.

Strategy Rationale: Family/Team meetings lead to more involvement of "family" members, community and personal support people, and services that can help the family change so that further incidents of abuse/neglect are minimized. Family/Team meetings affect not only recurrence of maltreatment but also stability and permanence. A culturally and ethnically appropriate guideline is needed, as there is currently limited/inconsistent use of this practice.

Milestone	1.1.1 Family-to-Family model utilized. Attend Family-to-Family trainings and conference.	Timeframe	3 months (12/31/04)	Assigned to	CWS Supervisor Social Worker II Community Partners
	1.1.2 Family/Team meeting forms developed. Strength-based forms to be used in Family/Team meetings developed.		4 months (1/31/05)		CWS Supervisor Lead Worker Social Workers Probation Behavioral Health Services AODS Office of Education Human Response Network

	1.1.3 Policy, tools and forms reviewed with MLMT and presented to staff for discussion and implementation.		6 months (3/31/05)		CWS Supervisor Mid-Level Management Team
	1.1.4 Recruit non-related extended family member homes in the school and community where a child is removed or at risk of being removed.		On-going at date of risk or removal.		CWS Staff Community Partners Foster Care Coordinator
Strategy 1. 2 All staff including Community Partners will receive training in Family-to-Family Team meetings and family focused case planning that supports involvement of parents and youth in the case planning process.			Strategy Rationale Family-to-Family focused planning is an evidence-based practice that improves outcomes for children and families. Family/Team meetings are an important part of that practice. CWS staff are hesitant about and inconsistent in the involvement of families in the case planning process.		
Milestone	1.2.1 Explore available training and work with foundation to develop Family-to-Family training that includes Family/Team meetings.	Timeframe	2 months (11/30/04)	Assigned to	CWS Supervisor Social Worker II
	1.2.2 CWS Supervisor receives training/refresher on transfer of learning.		3 to 4 months (12/31/04 – 1/31/05)		CWS Supervisor to arrange
	1.2.3 All staff receives training on strengths-based, Family-to-Family focused practice and Family/Team meetings.		5 to 12 months (2/28/05 – 9/30/05)		CWS Supervisor Mid-Level Management Team
	1.2.4 Supervisor report on: – how to monitor the transfer of learning of their workers – how workers are doing with changing practice.		6 to 12 months (3/31/05 – 9/30/05)		CWS Supervisor Lead Worker
Strategy 1. 3 Measure how many Family-to-Family Team meetings are being done and how effective they are. Self-Evaluation: Using hard data linked to child and family outcomes to drive decision-making, and to show where change is needed and where progress has been made.			Strategy Rationale We need to be able to compare the increase in Family/Team meetings with our recurrence of maltreatment statistics to see if this strategy is effective.		

Milestone	1.3.1 Surveys to measure use of Family-to-Family Team meetings for staff, parents, youth, and community partners, and effectiveness of meetings are developed.	Timeframe	On-going process with meetings held on a regular basis to discuss agencies status on outcomes.	Assigned to	CWS Supervisor Social Workers Mid-Level Management Team
	1.3.2 Establish a method of collecting information on ongoing/current use of Family-to-Family Team meetings, family's point of view, and effectiveness		3 months (12/31/04)		Mid-Level Management Team
	1.3.3 Survey conducted among staff, families, and community partners and results presented at MLMT meeting.		3 months (12/31/04)		Mid-Level Management Team
	1.3.4 Data on use of Family/Team meetings collected and reported to Administrative Team quarterly.		3,6, 9 and 12 months		CWS Supervisor

Strategy 1.4 Investigate and develop funding sources.		Strategy Rationale Funding and incentives are needed for community partners to provide resources and services to the clients.			
Milestone	1.4.1 Funding Team of program and fiscal specialists including Human Response Network.	Timeframe	1 – 2 months (10/31/04 – 11/30/04)	Assigned to	Interagency Fiscal Managers HRN Fiscal Manager
	1.4.2 Research conducted on how other counties and states fund services/resources.		3 – 6 months (12/31/04 – 3/31/05)		Interagency Fiscal Managers HRN Fiscal Manager
	1.4.3 Plans developed and implemented for obtaining funds for agency and community based organization.		7 – 12 months (4/30/05 – 9/30/05)		Interagency Fiscal Managers HRN Fiscal Manager

Discuss changes in identified systemic factors needed to further support the improvement goals.
--

We need a good Quality Control/Assurance system. We need more funding for community partners to offer more individualized services. Caseloads consistent with SB2030 recommendations are necessary to afford Social Workers time for an effective implementation of the labor-intensive Family-to-Family Team meeting process. Awareness of cultural issues and cultural diversity must be taken into consideration and, if appropriate, incorporated into every decision making process.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Community partners will have to have solid training in identifying families that need to be referred back to Child Welfare Services. Training will be needed in conducting Family-to-Family Team meetings for Social Workers and community partners. On the policy level the agency must make a commitment to strengths-based work.

Identify roles of the other partners in achieving the improvement goals.

Community partners and Child Welfare Services must be willing and able to work together for the greater good of Trinity County families. Together we need to work through communication and confidentiality issues.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Flexible funding will be necessary to assist community partners in their role as differential response partners. Funding for additional Social Workers and support staff will be needed. UC Davis trainings should be open to all community partners.

Outcome/Systemic Factor: Child Abuse/Neglect Referrals with a Timely 10-Day Response (2B)

County's Current Performance:

Currently Trinity County does not screen out referrals that come into the Child Welfare Services Hotline. All calls that come into the hotline are investigated and offered services by a Child Welfare Services worker. However, Track 1 (low risk to no risk) calls that are geographically isolated are put off until Track 2 (moderate risk) and 3 (high risk) calls have been responded to causing out-of-compliance time frames. Track 1 calls that are investigated by a worker causes resentment in families because of the stigma of Child Welfare Services.

2B. Percent of child abuse/neglect referrals with a timely response

10-Day Response Compliance

Q4 2003	92.4%
Q3 2003	93.0%
Q2 2003	90.2%

Improvement Goal 1.0: Increase timely 10-day referral response in all Trinity County geographical areas to 98%.

Strategy 1.1 Develop a Differential Response Protocol that utilizes community partners and AmeriCorp workers in Trinity County to make a first response within the 10-day referral period, with an emphasis on outlying geographical areas.		Strategy Rationale: Due to the large geographical area of Trinity County one ER worker cannot make contact on referrals in a timely manner to the outlying regions of the County. With the use of Differential Response families in the far reaches of Trinity County will more likely be seen within the 10-day time frame by a community partner.			
Milestone	1.1.1 AmeriCorp workers assigned to 4 different geographical areas (e.g. North County, South County, Down River and Central) will pilot the investigation of all Track 1 referrals.	Timeframe	12/04	Assigned to	CWS Supervisor Social Workers
	1.1.2 Differential Response protocol developed as described in milestone of recurrence of maltreatment		12/04		CWS Supervisor Social Workers Mid-Level Management Team
	1.1.3 Train AmeriCorp and Community Partners on Differential Response protocol as well as SDM and W & I code section 300.		12/04		CWS Supervisor Social Workers
	1.1.4 Differential Response Track one implemented in one geographical area at a time (phase I).		12/04		CWS Supervisor Social Workers AmeriCorp Workers Community Partners
	1.1.5 Results analyzed. Pilot discontinued or spread to remaining geographical areas (phases II – IV).		2/05		CWS Supervisor Mid-Level Management Team

Strategy 1.2 Develop and institutionalize standard agency guidelines and expectations for the practice of making timely contacts in 10 day referrals and documenting contact information (including attempted contacts) into CWS/CMS for AmeriCorp workers and community partners.		Strategy Rationale: By assuring that standard agency guidelines are being utilized and information is input correctly into the CWS/CMS system, we can guarantee that Trinity County Child Welfare Services will meet state expectations.			
Milestone	1.2.1 Develop standard agency guidelines and expectations for making <i>timely</i> 10-Day referrals and required documentation.	Timeframe	11/11/2004	Assigned to	CWS Supervisor Social Workers Mid-Level Management Team
	1.2.2 Guidelines reviewed with AmeriCorp workers and community partners and accepted by MLMT.		11/25/2004		CWS Supervisor Social Workers Mid-Level Management Team Community Partners
	1.2.3 AmeriCorp workers and community partners trained on standard agency guidelines and expectations.		11/25/2004		CWS Supervisor Social Workers Community Partners
	1.2.4 Perform monthly quality control assessment of agency guidelines and expectations.		11/25/2004 – 5/25/2005		CWS Supervisor

Improvement Goal 2.0 Utilize community partners, through differential response, so that all families in outlying areas will be offered and/or receive same services as families residing in closer proximity to services.	
Strategy 1. 2: Pilot geographical area referral assignment of AmeriCorp workers working with CWS and liaison between CWS and community partners.	Strategy Rationale: Geographically assigning referrals to AmeriCorp workers and community partners will result in a more even distribution of services for families in outlying areas. Utilizing AmeriCorp workers as well as community partners will help clients feel less threatened and increase requests for Track 1 services. Families benefiting from Track 1 services will be allowed ample opportunities to avoid further issues resulting in Track 2 and 3 referrals.

Milestone	1.2.1 AmeriCorp workers assigned to the different geographic areas in Trinity County to receive Track 1 referrals.	Timeframe	6 months (3/31/05)	Assigned to	CWS Supervisor CWS Lead worker Community Partners AmeriCorp Workers
	1.2.2 Community partners assigned to work in conjunction with designated AmeriCorp worker to conduct the initial face-to-face contact with the focus child (ren).		10/28/04		CWS Supervisor Community Partners AmeriCorp Workers Mid-Level Management Team
	1.2.3 Educate AmeriCorp workers and community partners on how to access all available resources within the community and referral processes.		11/28/04		Mid-Level Management Team
	1.2.4 Implement Differential Response Track 1 using AmeriCorp worker and community partner.		11/28/2004 phase I 12/28/2004 phase II 01/28/2004 phase III 02/28/2005 phase IV		CWS Supervisor Community Partners AmeriCorp Workers
	1.2.2 Results analyzed.		11/28/2004 and on-going		CWS Supervisor Mid-Level Management Team

Discuss changes in identified systemic factors needed to further support the improvement goals.

Expanding the use of laptops, and handheld recorders for timelier inputting of contact data.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Inputting of information in the CWS/CMS system or an alternative system for the first year for community partners.

Identify roles of the other partners in achieving the improvement goals.

Expanded community responsibility and collaboration in the increased delivery of intervention and prevention services will allow for Child Welfare Services to concentrate more efficiently on tracks that require CWS involvement.

For the community-based organizations to help change the system and redesign child welfare the community-based organizations must be true partners at the table and not just contractors or subcontractors. With the community partners we need to develop the communication so that the line social workers have confidence in the community-based organizations and actually change practice. With the community partners we have to build capacity within the community – not just for our agency and our staff. We need the State to broaden the definition of who counts for visits to include community based organizations/providers, and medical providers

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Allow the first response that is done by a community agency to count towards the 10-day response timeline if Child Welfare Services follows up with a contact within a 21-day timeframe.

Outcome/Systemic Factor: Foster Care Placement in Least Restrictive Settings (4B)

COUNTY'S CURRENT PERFORMANCE:

	Initial Placement 10/1/02-9/30/03	Primary Placement 10/1/02-9/30/03	Point in Time Placement 10/1/03
4B. Relative	39.3%	35.7%	13.2%
4B. Foster Home	53.6%	46.3%	55.3%
4B. FFA	3.5%	3.6%	5.3%
4B. Group/Shelter	0.0%	0.0%	5.3%
4B. Other/Non-Relative Extended Family Placement	3.6%	14.3%	21.1%

	Initial Placement 7/11/02-6/30/03	Primary Placement 7/1/02-6/30/03	Point in Time Placement 7/1/03
4B. Relative	41.4%	44.8%	15.6%
4B Foster Home	55.2%	41.4%	48.9%
4B. FFA	0.0%	0.0%	4.4%
4B. Group/Shelter	0.0%	0.0%	4.4%
4B. Other/Non-Relative Extended Family Placement	3.4%	13.8%	26.7%

Improvement Goal 1.0: Increase the percentage of relative and non-related extended family (NREFM) placements in the child's home community for children in out-of-home placements. Decrease the use of Foster Homes and Foster Family Agencies as placement homes for children.

Strategy 1.0 Evaluate current referral and detainment procedures to determine why some children are placed within hours of detainment in relative or non-related extended family homes and other children are placed in crisis or foster care.

Strategy Rationale When the appropriate question(s) is/are asked of the client, family or collateral contacts, relative and non-related extended family member placements are generally identified in the child's community.

Milestone	1.1.1 Survey 25 percent of placements to determine: <ul style="list-style-type: none"> Initial detainment date Relative and/or non-related extended family member placement date Foster care placement date Rationale for time lapse between initial detainment and relative and/or non-related extended family member placement (if any). 	Timeframe	10/14/04	Assigned to	CWS Supervisor CWS Lead Worker Social Workers
	1.1.2 Analyze survey information for placement trends and develop a protocol for detainment and referral process.		By 10/21/04		CWS Supervisor CWS Lead Worker Social Workers

Strategy 2.0 Improve the referral process to obtain a list of appropriate relative and non-related extended family members for children listed in the referral at initial investigation.

Strategy Rationale: CWS Social Workers will have access to potential placements with relative and non-related extended family members in the child's community for immediate placement if a child is detained at a later date.

Milestone	1.2.1 Investigating Social Worker will include as a part of their initial face-to-face with the parent(s) and child(ren) an inquiry into relatives and/or persons who have had a significant impact in the child(rens) life.	Timeframe	Start 10/28/04	Assigned to	Lead Worker and/or all Emergency Referral Workers
	1.2.2 Enter relative or NREFM under collateral contacts and flag the role as possible placement home.		Start 10/28/04		CWS Investigating Social Worker

	1.2.3 Add check box to ER Emergency Response Tracking Sheet to indicate that Relative and Non-related Extended Family Members have been identified for possible placement.		10/21/04		CWS Supervisor CWS Investigating Social Worker
--	---	--	----------	--	--

Strategy 3.1: Strengthen detainment protocol to allow time to pursue first option for possible placement in relative or non-relative extended family member homes.			Strategy Rationale: By restructuring protocol to allow staff time to recruit people who have had a significant role in the child's life a reduction in Foster Homes and FFA placements will be realized.		
Milestone	1.3.1 Engage the families immediately upon detention to locate potential relative or Non-related Extended Family Member placements.	Timeframe	10/21/04	Assigned to	
	1.3.2 Check past referral collaterals for potential relative or Non-related Extended Family Member placements.		10/21/04		
	1.3.3 Eligibility requirements for Title IVE foster payment to be structured to allow for emergency placement payment until all foster care licensing requirements have been met. Home study and Department of Justice emergency check initiated to satisfy immediate placement.		10/21/04		CPS Supervisor

Improvement Goal 2.0

Children in Trinity County, in out-of-home care, will more often be placed with relatives or Non-related Extended Family Members thus ensuring a more permanent placement in the child's community.

Strategy 1.0 Children will be placed with relatives or Non-related Extended Family Members in their home community.

Strategy Rationale: By placing children in relative and Non-related Extended Family homes as the standard, rather than using foster homes and Foster Family Agencies, children will realize initial permanency and stability.

	2.1.1 During mandated reporter training and meetings with community partners, staff will educate community members on their ability to step forward as a relative or become a Non-related Extended Family Member in the life of a Trinity County child.	Timeframe	10/21/04 and ongoing	Assigned to	CPS Social Workers
	2.1.2 Community partners will be trained in new strategy for eliciting placement information when investigating Track I referrals.		10/21/04		CPS Supervisor Lead Worker
	2.1.3 Community partners will be trained on new data entry procedures for documenting possible placement homes for Track I referrals.		10/28/04		CPS Supervisor Lead Worker

Improvement Goal 3.0 Trinity County will reduce the time reunification targeted cases are in out-of-home care without increasing reentry into foster care.

Strategy 1.0 Family meetings will be used to engage family members to build successful case plans to reunify children with their families.

Strategy Rationale When the family and extended family members are involved in the case plan process there will be more buy-in and more willingness to succeed as well as supporting long-term success.

Milestone	Create policy that will require integration of family team meetings in case plans.	Timeframe	11/01/2004	Assigned to	CWS Supervisor Lead Worker Social Workers
------------------	--	------------------	------------	--------------------	--

	Train CPS staff and implement policy requiring family team meetings.		11/30/2004		CWS Supervisor Lead Worker Social Workers
--	--	--	------------	--	---

Discuss changes in identified systemic factors needed to further support the improvement goals.

There will be changes in systemic factors related to procedures and protocols for relative/NREFM placements. CWS Emergency Response workers and probation placement staff must ask the right questions and initiate pursuing all resources in locating appropriate placements to maintain the child in their own neighborhood preserving family and other community relationships.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Trinity County is in the process of implementing Family-to-Family. One of the key components of the initiative is the recruitment, training, and support of (resource) foster families. The Family-to-Family trainers are coordinating with Northern Regional Training Academy (UCD) to provide training to Trinity County. Additional training from the training academy will be requested to deal with the anticipated cultural and philosophical adjustments that occur with such major initiatives.

Identify roles of the other partners in achieving the improvement goals.

The Mid-Level Management team comprised of; Trinity County Health& Human Services, Human Response Network, Trinity County Office of Education, Trinity County Behavioral Health Services, Alcohol and Other Drug Services, and Probation have pledged their support in recruiting relative and Non-related Extended Family Member homes.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

1. Licensing activities are under-funded in Trinity County.
2. The AFDC-FC rate structure needs to be reviewed and modifications made to better meet the needs of the population of children represented in foster care. The AFDC-FC rate structure has promoted the Foster Family Agency industry, yet quality of care and level of service is often inferior to the care provided in county licensed homes and relative/NREFM homes.
3. Relatives/NREFM caring for children must meet the "same standards" for home approvals as foster homes, yet they are not compensated equally.
4. Other incentives, such as tax relief incentives, for all out of home placements should be considered.
5. Eligibility established for temporary/emergency payment for placements made with Relative/NREFM licensing requirements.